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**ALSTON & BIRD LLP**

One Atlantic Center  
1201 West Peachtree Street  
Atlanta, Georgia 30309-3424

404-881-7000  
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DATE: June 7, 2004

**TO:** U.S. Patent Office Centralized Fax**FROM:** Jeff Cooper

In re: Branch

Appl. No. 10/720,023

Filed: November 19, 2003

For: Orthotic Apparatus and Method for Using Same

Enclosed for filing is Applicant's:

- (1) Amendment Transmittal; and
- (2) Supplemental Preliminary Amendment.

**NO. OF PAGES:** 14  
(Including cover page)**OPERATOR:** **IF NOT RECEIVED PROPERLY, PLEASE NOTIFY ME IMMEDIATELY AT****USER CODE:** cooje**FAX NUMBER:** 703 872 9306**CLIENT/MATTER:** 45011-271086**REQUESTED BY:** Elaine Graham x4569**VOICE NUMBER:**

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P.002

F-616

JUN 07 2004

Attorney's Docket No. 45011-271086

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: **Branch** Confirmation No.: **3205**  
 Appl. No.: **10/720,023** Group Art Unit: **3743**  
 Filed: **November 19, 2003** Examiner: **Unassigned**  
 For: **ORTHOTIC APPARATUS AND METHOD FOR USING SAME**

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Transmitted herewith is a SUPPLEMENTAL PRELIMINARY AMENDMENT in the above-identified patent application.

- ☒ Applicant claims small entity status. See 37 C.F.R. § 1.27.  
☐ No additional fee is required.

The fee has been calculated as shown below:

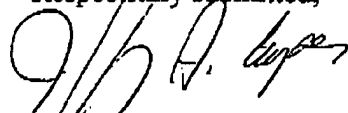
(COL. 1)		(COL. 2)	(COL. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	OR RATE	ADDIT. FEE
TOTAL	* 16	** 20	= 0	X 9=	\$	X 18=	\$
INDEP	* 7	*** 3	= 4	X 43=	\$ 172.00	X 86=	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+145=	\$	+290=	\$
				TOTAL ADD FEE \$ 172.00		OR TOTAL	\$

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
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In re: Branch  
Appl. No.: 10/720,023  
Filed: November 19, 2003  
Atty. Dock. No. 45011-271086  
Page 2

- ☒ Please charge my Deposit Account No. 16-0605 in the amount of \$172.00.
- ☐ A check in the amount \$ to cover the additional fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiency in payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0605.
- ☒ Any additional filing fees required under 37 C.F.R. § 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17.

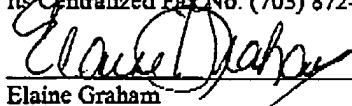
Respectfully submitted,

  
Jeffrey A. Cooper  
Registration No. 54,757  
Attorney/Agent of Record

CUSTOMER No. 00826  
ALSTON & BIRD LLP  
Bank of America Plaza  
101 South Tryon Street, Suite 4000  
Charlotte, NC 28280-4000  
Tel Atlanta Office (404) 881-7000  
Fax Atlanta Office (404) 881-7777

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the US Patent and Trademark Office at its Centralized Fax No. (703) 872-9306 on the date shown below.

  
Elaine Graham

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